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ABSTRACT

This report details the progress and findings of the first stage of research on Hispanic female heads-of-households and their access to social services. The report begins with a statistical portrait of Hispanic female heads-of-households, particularly those who live in New York City. The discussion follows and reviews the debate over welfare payments. An overview of scholarly literature relative to the delivery and utilization of social services is presented. The report then reviews the study's analysis of relevant social service providers, including large public organizations and community based agencies which serve Hispanic populations. Methods for the next research stage are then described. Organizational and cultural impediments to service use, a list of barriers to access to social services, and a few case studies are presented in the conclusion of the report. (Author/APM)

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Stage I Report

THE HISPANIC FEMALE HEAD-OF-HOUSEHOLD:

LIMITATIONS ON ACCESS TO SOCIAL SERVICES

February 1981

by Lynn Angel Morgan

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I. INTRODUCTION

This report will detail the progress and findings to date of the research entitled "The Hispanic Female Head-of-Household: Limitations on Access to Social Services." The activities described herein were conducted under a grant from the Ford Foundation to the Puerto Rican Legal Defense and Education Fund. It covered a three-month period from November, 1980 to February, 1981. This phase of research, henceforth referred to as STAGE I, was designed to lay the groundwork for STAGE II, in which a concerted effort will be made to determine the barriers faced by Hispanic women in gaining access to social services. A proposal outlining the second phase of research has been submitted under separate cover.

The introductory portion of this report will begin with an expanded statistical portrait* of Hispanic female heads-of-household, particularly those who live in New York City. Then, since most Hispanic female heads-of-household live below the poverty level and many are entitled to receive public assistance, we will briefly discuss the debate over welfare payments. We will show that, while job placement is a major focus of welfare reform movements, the emphasis on employment has not proved very helpful to Hispanic women. An appendix to this report gives particular attention to the Work Incentive Program as an illustration of the difficulties inherent in job training for a disadvantaged population.

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* See the STAGE I proposal for more statistical information relative to Hispanic women.

The majority of this report is devoted to discussion of STAGE I activities and findings. The first step was an overview of the scholarly literature relative to the delivery and utilization of social services. Second, other interested researchers were contacted, and an account of that communication is presented here. The third step was a review of the relevant social service providers, including large public organizations as well as other community-based agencies and those which serve a Hispanic population. Using the STAGE I experience as a guide, we describe the process through which the STAGE II research methods were formulated.

The concluding portions of this report give closer attention to organizational and cultural impediments to service use. Also included in that section is a compendium of access barriers and a few pertinent case studies.

A. Statistical profile

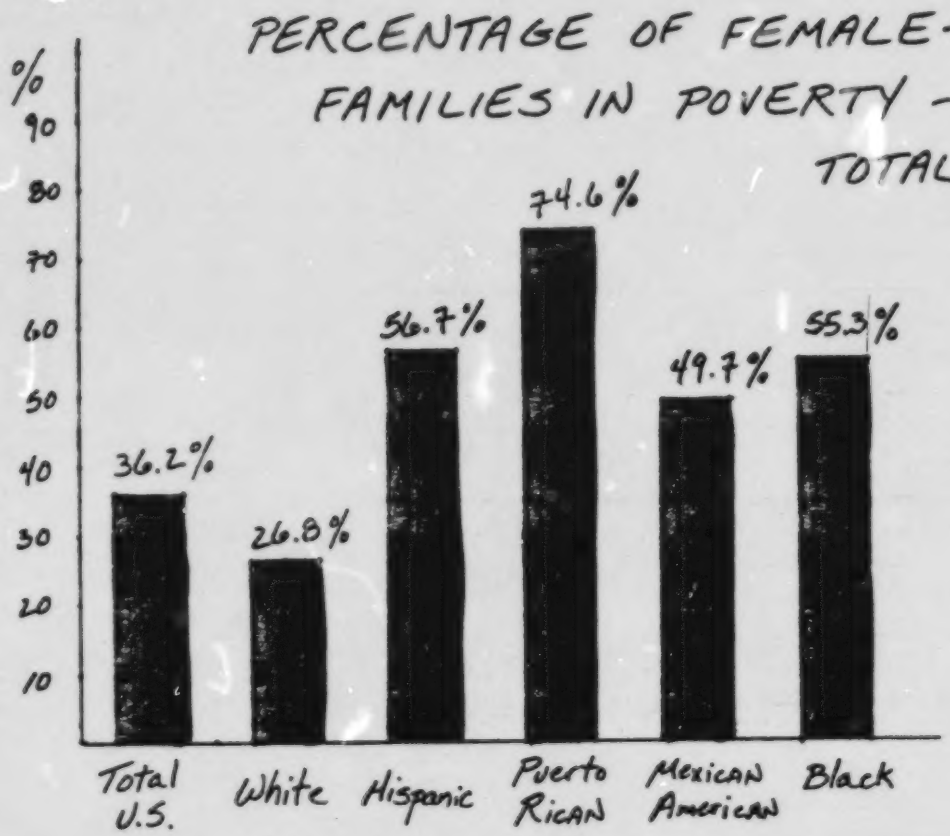
Because there are few municipal statistics available, most of the data in the statistical section are derived from the 1980 State of the Child report, published by the Foundation for Child Development. Much of that information, in turn, comes from the 1976 Survey of Income and Education, which:

> was mandated by Congress to estimate the number of children aged 5 to 17 in each State who live in poverty families, and the number of children who, because of limited English-language speaking ability, are in need of bilingual education, guidance and counseling...[1]

The State of the Child report shows that families headed by women are more disadvantaged than husband-wife families, regardless of ethnic group. In New York City (NYC) in 1975, for example, 75% of families living below the official poverty level were headed by women.[2] In the same year, the median income for NYC families with children was $5,532 for female-headed families, compared to $15,905 for husband-wife families.[3] In sum, 28% of families in NYC with children under 18 were headed by women in 1976.[4]

When the percentages of female-headed familes are broken down by ethnicity, vast disparities immediately become obvious. As illustrated in TABLE A, nationally, an overwhelming 74.6% of Puerto Rican female-headed families were in poverty in 1977, compared to 26.8% of white female-headed families and 56.7% of all Hispanic female-headed families.

TABLE A

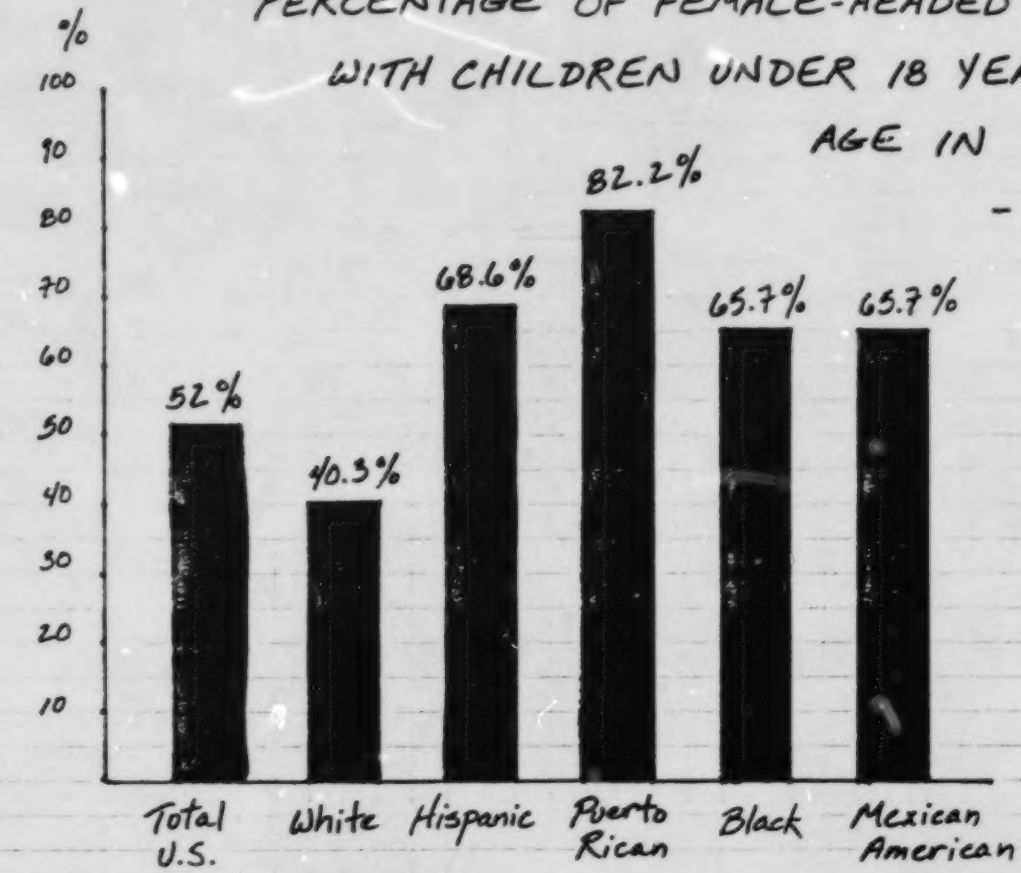


Source: The Next Step Towards Equality. National Puerto Rican Forum, 1980. p. 11.

When children under 18 years of age are present in the family, the percentage of those in poverty is greater still. TABLE B shows that the percentage of female-headed families with children under 18 years of age in poverty in 1977 was 82.2% for Puerto Ricans, substantially higher than any other ethnic group.

TABLE B

PERCENTAGE OF FEMALE-HEADED FAMILIES WITH CHILDREN UNDER 18 YEARS OF AGE IN POVERTY -1977-



Source: The Next Step Towards Equality. National Puerto Rican Forum, 1980. p. 11

In New York City, in 1976, there were 88,326 Hispanic female-headed families with children under 18, as illustrated in TABLE C. That is, 39.1% of Hispanic families with related children under 18 were headed by women in 1976, compared to a NYC total of 28.6%.

TABLE C

Families with related children under 18, by number of children per family, family type, and ethnicity of head, N.Y.C., 1976

Number of children per family and family type	Families*With Related Children Under 18							
			Ethnicity of Head					
	Total**		White		Black		Hispanic	
Total	994,921		462,500		273,835		225,504	
As percent of total		S.E.		S.E.		S.E.		S.E.
1	46.5%	1.9	50.7%	2.7	46.4%	3.5	42.1%	3.8
2	27.7	1.7	28.2	2.4	26.1	3.1	24.9	3.4
3	14.5	1.3	13.0	1.8	12.4	2.3	18.9	3.1
4 or more	11.3	1.2	8.2	1.5	15.0	2.5	14.1	2.7
Total Husband-Wife	692,189		394,344		135,321		135,688	
As percent of total		S.E.		S.E.		S.E.		S.E.
1	47.7%	2.2	49.1%	2.9	57.8%	5.0	39.6%	4.9
2	28.6	2.0	29.2	2.7	21.7	4.1	29.0	4.6
3	13.7	1.5	12.9	2.0	8.7	2.8	19.2	4.0
4 or more	10.0	1.3	8.8	1.7	11.7	3.2	12.2	3.3
Total Female-headed	284,744		59,204		130,968		88,326	
As percent of total		S.E.		S.E.		S.E.		S.E.
1	41.7%	3.4	(B)	-	32.6%	4.8	46.6%	6.2
2	26.6	3.1	(B)	-	32.1	4.8	19.0	4.9
3	16.9	2.6	(B)	-	15.9	3.7	18.9	4.8
4 or more	14.8	2.5	(B)	-	19.3	4.0	15.5	4.5

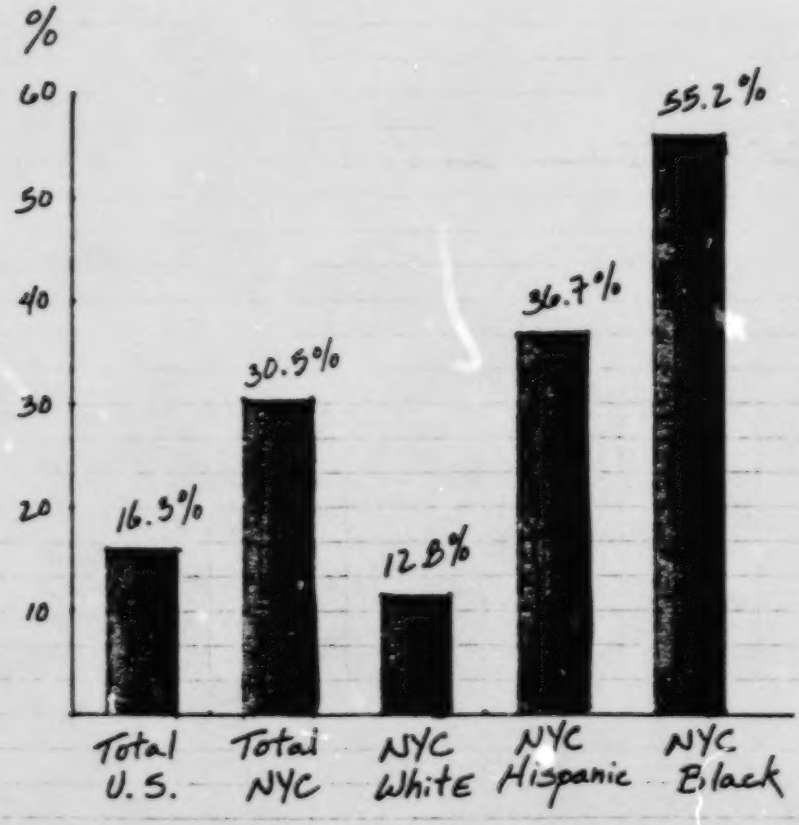
*Primary and secondary families.
**Includes other ethnic categories not shown separately.

Source: Lash, T.W., Sigal, H., and Dudzinski, D. Children and Families in New York City: An Analysis of the 1976 Survey of Income and Education. New York: Foundation for Child Development, 1976

Because the State of the Child report is interested in the social and economic status of NYC children, the following figures represent the child's point of view. Over one-half million, or nearly one out of every three, NYC children live in female-headed families.[5] In contrast, on the national level only 16.3% of American children live in families headed by women.[6]

As illustrated in TABLE D, 36.7% of NYC Hispanic children live in female-headed families.

TABLE D



- 1976 -

CHILDREN UNDER 18 YEARS LIVING WITH MOTHER ONLY

Source: State of the Child: New York City II. June, 1980. p. 63.

In real numbers, 173,014 Hispanic children in NYC lived with their mothers only in 1976.[7] Fully 60.5% of NYC Hispanic children in female-headed families are in poverty, compared to 57.6% of the black children and 45.4% of the white children in female-headed families.[8] In 1976, there were a total of 88,326 Hispanic female-headed families with children living in NYC.[9] Of these, 47,519 families were below the poverty level.[10]

TABLE E

Children under 18 in families with income below poverty level in 1975, by family type and ethnicity, N.Y.C., 1976

	Children under 18 below poverty level*								
				Family type					
	*Total***			*Husband-wife*			*Female-headed*		
Ethnicity of child	*#*	*%*		*#*	*%*		*#*	*%*	
			S.E.			S.E.			S.E.
Total**	443,953	23.8%	2.3	111,883	9.0%	1.9	332,070	55.8%	4.8
White	65,151	8.5	2.4	20,623	3.1	1.6	44,528	45.4	11.8
Black	197,171	36.0	4.8	17,984	8.0	4.2	179,187	57.6	6.6
Hispanic	181,631	37.7	5.2	73,275	24.6	5.9	108,355	60.5	8.5

*Does not include subfamily heads under 18 years of age.
**Total includes other categories not shown separately.

Source: Trude W. Lash, Heidi Sigal and Deanna Dudzinski, *Children and Families in New York City: An Analysis of the 1976 Survey of Income and Education*, New York, Foundation for Child Development, 1979, Table IIIB-6.

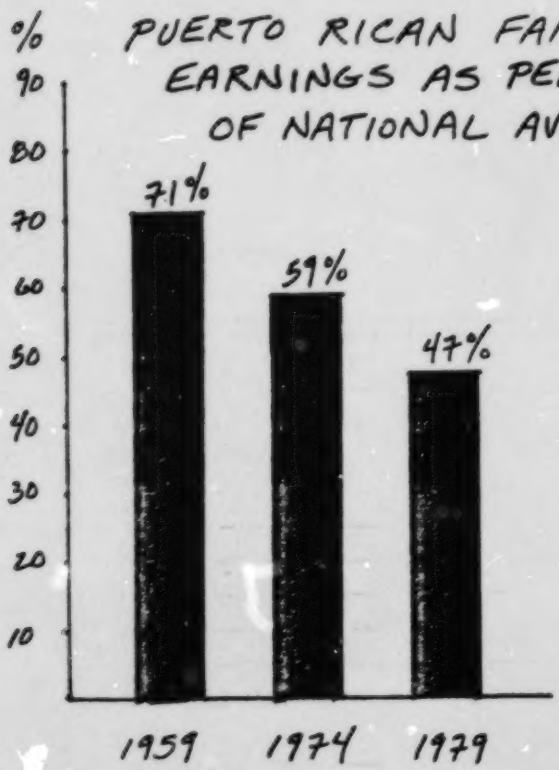
> Overall, Hispanic and black children had much higher poverty ratios than did white children (38% and 35% versus 9%). Among children living in husband-wife families, Hispanic children were more likely to be poor than were black or white children (25% versus 8% and 3%).[11]

As of 1980, Hispanic children comprise 29.8% of the children in NYC's public schools, up from 23% in 1973.[12] The increase can be partially explained by the emigration of white families from the city. In addition, the Hispanic population is younger than the white population -- 26% of all NYC Hispanics were under 18 years of age in 1976.[13]

The economic position of Puerto Ricans in the United States has

deteriorated over the past thirty years. As shown in TABLE F, in 1959 the Puerto Rican annual median income was 71% of the national average. In 1979, the Puerto Rican median family income was 47% of the national average.

TABLE F

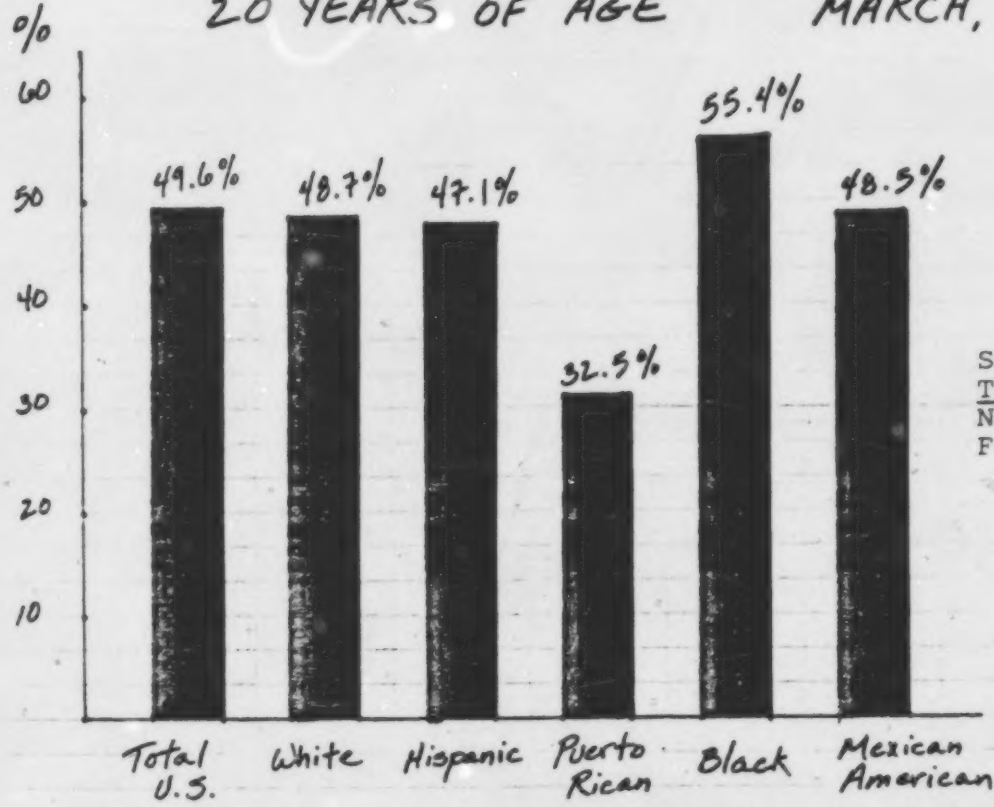


Source: The Next Step Towards Equality. National Puerto Rican Forum, 1980. p. 6.

Similarly, Puerto Rican women over 20 years of age have low labor force participation rates, as illustrated in TABLE G.

TABLE G

LABOR FORCE PARTICIPATION - WOMEN OVER 20 YEARS OF AGE MARCH, 1978



Source: The Next Step Towards Equality. National Puerto Rican Forum, 1980. p. 11.

The phenomena of low labor force participation will be discussed in further detail in the "Debate" section of this report, but it is doubtless related to the low wage-earning potential of Hispanics and female household heads. In NYC in 1976, for example, the median income was $16,630 for whites, $11,054 for blacks and $8,341 for Hispanics.[14] The data are not cross-tabulated by family type and ethnicity, but all female-headed families

in NYC earn a median of $5,573, compared to $16,139 for husband-wife families. [15]

Such economic inequality necessitates a high degree of dependence on public assistance programs, particularly for the less-educated head of household. In NYC in 1976, 85% of the families with children under 18 that received Aid to Families with Dependent Children (AFDC) support were female headed.[16] It is reported that: "About one out of three New York City female-headed families with children reported receiving 100% of their 1975 income from public assistance, in comparison with less than 1% of husband-wife families".[17] In NYC, Puerto Ricans constituted 33.4% of the AFDC rolls, approximately one-third of AFDC families.[18]

The welfare-dependent population is less educated than the non-welfare group, as is evidenced by the following: "About two-thirds of the mothers heading AFDC families had educational attainment levels of the third year of high school or less, in comparison with about one-third of the mothers heading families that did not receive support under the AFDC program in spring 1976."[19]

B. Welfare debate

The current political debate concerning the extent and amount of welfare payments seems to contradict alleged political efforts to improve the status of the Hispanic constituency.

The NYC public assistance grant has not been increased since 1974, at which time the grant increases were based on 1972 prices. In effective of nearly a decade of inflation, the grant now remains at $258 per month for a family of four, plus $218 per month for shelter allowance. Other

in-kind benefits for recipients include Medicaid, free school lunches, day care, and job and legal counseling. The maximum monthly benefit, in cash and in-kind, for a family of four is about $600. But, as Commissioner Brezenoff of the Human Resources Administration pointed out in a New York Times article last year, the basic grant allows only $14 per month for gas, electricity, and telephone. The average Con Edison bill, he said, rose from $16 in 1972 to $31 in 1980 and the current minimum monthly charge for a telephone is approximately $9. "Even with food stamps", Commissioner Brezenoff says, "the purchasing power of the welfare family has declined by a devastating 16 percent since the last grant increase."[20]

The debate about increasing the welfare grant continues at the level of state and national politics. At the time of this writing, State Comptroller E.V. Regan is attacking plans to increase the amount of the basic grant, asserting that New York State welfare recipients already receive higher benefits than recipients living in Sun Belt states.[21] Mr. Regan's implicit message is that the public assistance grant in NYC is sufficient to sustain a reasonable standard of living. Last year, however, an East Harlem Interfaith Welfare Committee study found that "insufficient public assistance payments -- coupled with the often crippling effects of inflation -- have forced some East Harlem residents to 'beg, borrow, steal and sift through garbage' to feed their families."[22]

The debate over whether to raise the grant level is inextricably related to one's understanding and philosophy of poverty. For the most part, politicians and bureaucrats agree that the utopian goal of

public assistance programs is to create an environment which encourages self-sufficiency. In other words, welfare grants should provide the opportunity for people to get training and job skills and hence escape from poverty. A number of separate newspaper excerpts illustrate this point:

> Mr. Brezenoff, who is starting his second year in charge of the [Human Resources Administration], said that training and jobs were his top program priority, offering 'the single greatest potential for helping families escape from poverty'.[23]

> In Connecticut this spring, the general Assembly's price for approving a 7 percent increase in welfare benefits was a tough 'workfare' bill requiring cities to find jobs or useful training for 'employable' recipients of state aid.[24]

> In an audit of the state's Work Incentive Program, [State Comptroller] Regan [lambasted the program and] asserted that the welfare system generally, and the organization of the Work Incentive Program in particular, discouraged welfare recipients from getting jobs.[25]

> Carter Administration strategists were hoping to overcome Mr. Long's opposition [to a bill proposing welfare revisions], and to entice the support of conservatives and Republicans, by including antifraud provisions and strict work requirements in its bill, and by emphasizing jobs in general. Indeed, the employment component of the $5.7 billion package - that part that creates the 420,000 new jobs - is described as costing $5 billion by itself, but saving $2.3 billion by taking people off the welfare rolls.[26]

Some social scientists have questioned the premises and capabilities of public entitlement programs. Do assistance programs in fact find jobs for most welfare recipients? What about our target population, the unskilled welfare mother with no job experience? On a larger scale,

is economic self-sufficiency a realistic goal for the 1980's or an ideological fallacy held over from the 1950's?

It is not our intention here to elaborate on the history of poverty, but to offer a brief historical perspective regarding the ideology of welfare programs.

Thirty years ago, says one author, "welfare was seen as a temporary expedient, necessary to ease the transition from rural to urban (for example, for Southern black and white migrants), and from home to work (for the woman who heads the family)."[27] At the time, this conceptualization was logically consistent with and empirically verified by labor market conditions. During the 1950's, reliance on welfare benefits was, for many people, a temporary phase which helped ease the process of adjustment and acculturation.

During the sixties and seventies, however, labor conditions changed. Urban areas began to lose jobs. The influx of immigrants to New York City was endless. An increasing number of welfare recipients stayed on the dole for longer periods of time. As the result of an intricate array of changing economic relationships, widespread poverty became a permanent, institutionalized feature of the U.S. social economy.[28]

The manner in which welfare is conceived and discussed today is in many ways reminiscent of the 1950's.

> ...much of the rhetoric that frames today's policy questions comes out of this 'tiding over' model of welfare; the 'problem' of second-generation welfare families, the 'vicious circle' of poverty, all imply that welfare had failed in its function as temporary expedient to tide one over a rough spot.[29]

By all indications, though, expectations about the employability of welfare recipients are inflated. The 1980 labor market is not the 1950 labor market. Furthermore, from the 1981 vantage point it seems unrealistic to anticipate a reduction in welfare rolls due to a decline in poverty. This is especially true for welfare mothers and for inner-city Puerto Rican women. The jobs for this population simply are not available.

> It seems preposterous to assume that job vacancies exist in abundance for welfare women with over 6 million or more people unemployed in the labor market. Even if some vacancies did appear, the competition from more advantaged workers would, under these labor market conditions, be intense...[30]

As discussed by Dr. Cooney of the Hispanic Research Center, the job situation is particularly dire for Puerto Rican women in New York City. Census data show that the rate of participation in the labor force among Puerto Rican women has declined nearly ten percentage points from 1950 to 1970.[31]

> The changing industry mix in New York favored a 9% increase in the absolute number of jobs. This overall 9% increase hides an important difference by education level -- a 40% decline for females with grammar school or less (177,000) jobs as compared to a 33% increase (195,000 jobs) for high school graduates to a 36% increase (68,000 jobs) for females with some college and to a 64% increase (74,000 jobs) for females with a college education. Even though the Puerto Rican female sample had improved their education in the past decade from 16 to 26% with a high school degree or better, these changes are slow compared to the dramatic shift in demand for female labor.[32]

The tight job market has forced the low-income, less educated Hispanic woman out of her role as active job-seeker. Out of necessity, she has come to rely on government as her "primary wage earner." There are two

possible solutions to this situation: 1) the creation of more jobs which could be filled by the less-educated population, and 2) increasing educational attainment levels of the unemployed and under-employed to allow them to better compete for available jobs. Appendix A of this report examines one government program which tries to meet both these goals.

In our discussion of the labor force participation of low-income Hispanic women, another argument should be mentioned. Quite aside from the question of personal motivation, some authors and politicians have suggested that welfare is a deterrent to work; that the welfare grant is high enough to discourage recipients from engaging in full-time employment.

In 1975, just one year after the basic grant was last raised, Durbin documented an increase in the NYC welfare caseload: "welfare expenditures in New York City have more than quadrupled over the last decade.... A major factor in this increase has been the tripling of the caseload for AFDC... "[33] In the mid-seventies, there was a great deal of concern about the effects of supplementing the welfare grant at a time when the AFDC caseload was rapidly escalating. Wouldn't the increased grant be an attractive invitation for people to quit their jobs and apply for welfare? Daniel P. Moynihan's thesis went further; he postulated that welfare was responsible for the disintegration of nuclear families and for the resulting dependence on family assistance. Not many social scientists agreed that the prospect of welfare caused the increased divorce rate, but some have recognized a positive correlation between low earning potential and continued reliance on public assistance.

> ...a new perspective on the so-called vicious cycle of welfare can be gained by highlighting the economic difficulties for a family once on welfare to get off. In the first place, to qualify for welfare, any source of savings or other outside resources must be depleted. Therefore, in the situation where no support is required from relatives, and assuming that families do not cheat, the family by definition has no assets. Thus, the only way to raise the family's income is through the earnings of family members. If these earnings are already low and unlikely to rise above the welfare benefit level, and/or there are no family members required to work, then the family may be a welfare case fairly permanently.[34]

Since 1975, the argument against increasing the grant has been phrased in different ways, but the basic premise remains unchanged. Now it is argued by some politicians that the high welfare benefits offered by New York in comparison to other states act as a magnetic force, drawing poor people to New York from other parts of the nation. If the welfare benefits were lowered, the argument goes, the poor would likely relocate in the South, where job opportunities are plentiful.

The argument outlined above presumes that, if given a choice, poor people would rather receive government assistance than support themselves through work. They would rather be in New York, where the government benefits are allegedly so lucrative, than in an area rich in jobs. Quite the contrary, numerous studies have demonstrated the willingness and eagerness of welfare recipients to become gainfully employed. Welfare mothers, in particular, are noted for their enthusiastic dedication to the concept of work.

> The writer's own experience with WIN participants as well as attitudinal surveys has suggested that there is a very high motivation to work among welfare mothers...[35]

> Our data lend unquestionable support to the view that the poor are work oriented and upwardly mobile. Our respondents consistently indicated that obtaining job skills and employment were not only very important goals but were vital to their self-esteem. [36]

> The argument that welfare represents a viable alternative to employment has little substance when one notes that the average white female-headed household receiving welfare has a poverty ratio of 1.01, compared with 2.73 for the average female-headed household not on welfare...the average mature black female-headed household receiving welfare has a family income which leaves it almost 20 percent below the poverty line, and the average white female-headed household receiving welfare has an income exactly at the poverty line.[37]

> In general, welfare recipients and other low income persons (along with most Americans) have a strong work ethic, want to work and, when feasible, do work. <u>There is no study which shows that a significant segment of the American population prefers indolence to work</u>. [38] (emphasis added)

In addition to the evidence offered by academic and government sponsored studies, newspaper accounts of demonstration projects show that welfare mothers have had high success rates once they became employed.

> The [Supported Work Program] results were somewhat favorable for ex-addicts and inconclusive or discouraging for teen-agers and ex-inmates. But in the case of welfare mothers - by far the largest category of welfare recipients - the experiment was a resounding success. More than a year after leaving the program, participating women were working 35 percent more hours and earning 50 percent more money than a comparison group of non-participants. Twice as many participants had given up welfare altogether. And the results were most favorable for recipients who had been on welfare longest and possessed the fewest skills. [39]

> Maverick is part of a five-year, $82 million experiment at 19 sites around the United States in job training for the hard-core unemployed... [the program] had not substantially improved the employability of three of the target groups - the dropouts, former offenders and former drug addicts... It had greater success with the women, the study found. [40]

It has been demonstrated time and again that, under supportive conditions, the welfare mother will apply herself diligently in job training programs and in the work environment.

In light of proof offered in the studies cited above, certain of the aforementioned arguments can be rejected in favor of the following assertions. Welfare entitlements are not a satisfactory substitute for income provided by employment. Welfare mothers are highly motivated to work, and will do so when offered equitable opportunities. The paucity of jobs (for unskilled workers) in New York City is a significant barrier to labor force participation, especially on the part of Hispanic women and female heads-of-household. Job training and placement programs are helpful only insofar as they can create job opportunities and can provide the prospective employee with marketable skills.

II. STAGE I REPORT

When undertaken in November, 1980, the long-range goals of research were three-fold. They were articulated as follows: 1) to identify relevant social services offered in New York City and to determine the extent to which they serve the Hispanic female head-of-household; 2) to identify the institutional and cultural barriers which may inhibit the Hispanic female head-of-household from using social services, and 3) to formulate recommendations and strategies which would allow the Hispanic female head-of-household greater access to social services.

The first three-month stage of research was intended as an exploratory phase, during which the researcher would: 1) conduct a survey of relevant literature; 2) contact other interested researchers; and 3) identify a number of private and public social service agencies and ascertain the extent to which they serve low-income Hispanic women, and 4) interview selected program administrators. The research began with the literature survey, the copious results of which are contained in the following section of this report.

A. Literature Overview

This section of the report will present various theoretical postulates and methods of analyzing the delivery of social services to disadvantaged populations. The most extensive overview of the use of social and health services was published in 1972. References cited by the author date back to 1938, with the majority of studies published in the early 1960's. It is apparent that there has been a long-standing, if sporadic and unsystematic, concern with the use of social and health services. Unfortunately,

no one coherent model which would serve to explain service delivery has yet evolved.

Furthermore, most published studies pertain specifically to the use of health services rather than social welfare services. The emphasis on access to and utilization of medical services has been of limited utility to social welfare planners, for it cannot be assumed that the same variables will explain the utilization of such vastly different service categories. Gillespie and Marten have suggested that medical services are emphasized in the research and in the published literature because society grants them greater legitimacy: "...in contrast to the medical system where health care is viewed as a fundamental right, social welfare services are distributed with caution...Unlike medical services from which the public receives direct and indirect benefits -- for example in the prevention of communicable diseases -- welfare services distribute aid that seems to benefit only recipients."[41] If this is true, then research into health and illness behavior and various aspects of the medical system is less objectionable on the political level and hence more easily justifiable to public and private funding sources. We are limited, therefore, in the amount of literature related specifically to social service provision and utilization. Insofar as the health-related literature is applicable to our research topic, some of it will be incorporated into this discussion.

McKinlay's eloquent and well-conceived overview analyzes different research approaches relevant to the delivery of health and social services. Special attention is given to "six analytically distinct approaches, or research stratgeies... the economic, socio-demographic, geographic,

socio-psychological, socio-cultural, and organizational..."[42] We will briefly summarize the tenets of each approach, paying careful attention to the socio-cultural and organizational tacks.

1. Economic approach

The economic approach asserts that financial constraints and ability to pay are major determinants of use of services. This is a popular belief -- when one Hispanic anthropologist was told that the Puerto Rican Legal Defense Fund was conducting research into why Hispanic women were under-utilizing social services, she replied, "That's easy. They can't afford to."* If it could be proved that an influx of money would eliminate the problem of inequitable services, then opponents of welfare increases would stand on tenuous ground. But obviously the solution is not so simple. McKinlay cautions that the economic approach can only partially explain differential patterns of service utilization, because studies (especially in Britain) have shown that even when cost barriers are removed, wide variations in service utilization continue to exist among different income and ethnic groups. Furthermore, he suggests, most adherents of the economic approach have not considered the possibility that financial resources might be "only indirectly associated with utilization" insofar as they "facilitate participation in certain social institutions, which may be so organized as to bring their members into contact with medical [and social service] facilities."[42a] While it is a truism that service recipients must have

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* Iris Lopez, personal communication, 1980.

some way to pay for services rendered, the financial model alone will not explain differential patterns of utilization.

2. Socio-demographic approach

The socio-demographic approach relates utilization to such demographic variables as age, gender, household type, place of residence, ethnicity, education, religion, and socio-economic status, for, in fact, women with children, for example, use more services than single men. The problem with this approach is that it cannot explain why variations exist: "such studies can only be identificatory, and never truly explanatory."[43] Another research step is needed to explore the dynamics of service delivery and thereby shed light on some of the reasons for differential utilization.

3. Geographic approach

The geographic approach states that geographic proximity to the service provider will create major incentives or disincentives for the user of a particular service. This argument has been used on both sides of the debate concerning decentralization of services. It has, however, never been clearly demonstrated that geographic proximity does increase the tendency to use services. In addition, geographic accessibility is an uncommon problem in urban areas, and so the proximity approach necessarily takes a back seat to other concerns.

4. Socio-psychological approach

The socio-psychological approach has long been employed as a way of understanding differential utilization of services. The approach has attempted to measure, quantify, and make generalizations about knowledge, attitudes, perceptions, beliefs, motivation, learning, and decision-making

processes, mainly as they pertain to clients or prospective clients of service agencies. The following summary of client motivation in seeking medical help could also be applied to the field of social service provision. For heuristic purposes, let us assume that the words "social welfare" have been substituted for the word "health" where the latter term appears in the following quotation.

> PRINCIPLE ONE: preventive or therapeutic behavior relative to a given health problem in the individual is determined by the extent to which he sees the problem as having both serious consequences and a high probability of occurrence in his case, and the extent to which he believes that some course of action open to him will be effective in reducing that threat.
>
> PRINCIPLE TWO: behavior emerges out of frequent conflict among motives and among courses of action. Where motives themselves conflict or compete for attention, those that have the highest value or salience for the individual will actually be aroused.
>
> PRINCIPLE THREE: health-related motives may not always give rise to health-related behavior and conversely, health-related behavior may not always be determined by health-related motives.[44]

Let us relate the above-mentioned principles to hypothetical occurrences in the life of the Hispanic woman. With relation to Principle One, picture a situation where a Hispanic adolescent is performing poorly in school. His mother may decide to seek help for him, perhaps from the school guidance counselor, based on her belief that: 1) her child's behavior is deep-rooted and likely to continue, and 2) intervention on the part of the counselor will have a positive and lasting effect on the child's ability to succeed in school. As regards Principle Two, envision a case in which a Hispanic woman's AFDC check has been stolen from the mailbox. On the same

day, her landlord has notified her of an illegal rent increase, and the boiler in her building has broken down, leaving her without heat or hot water. Based on her situation-specific motives (e.g., how much cash she has on hand, when the rent is due, how cold it is outside), she will set priorities and proceed with a course of action. With relation to Principle Three, imagine a Hispanic woman who visits a job placement program not because she wants a job, but because she needs a letter for her welfare caseworker testifying that she is actively looking for work. As illustrated by these examples, there are a number of variables which may motivate a decision to seek help, and a concomitant number of ways in which the phenomena of motivation itself is determined and enacted.

McKinlay describes other research in the socio-psychological mode which, although it pertains to illness behavior, could easily be applied to the way a prospective client makes a decision to approach a social service provider.

> Mechanic...has suggested that a given illness has certain dimensions or characteristics more or less perceptive to the sick person and to significant others in his social milieu. These are postulated as: 1) the frequency with which the illness occurs in a given population, i.e., its commonality; 2) the relative familiarity with the symptoms of the average member of the group; 3) the relative predictability of the outcome of the illness; and 4) the amount of threat and loss that is likely to result from the illness.[45]

David Landy, a well-known anthropologist, is one of the few authors who has systematically applied the socio-psychological model to the decision-making process as it applies to someone seeking assistance through the American casework system.

> 1) The help-seeker must feel that he is handicapped with regard to himself, family, friends, or society; 2) he must face the probability that these relevant others will know of his disability and question his role and achievement capacity, thus rendering him culturally disadvantaged; 3) he must be willing to admit to the helper that he may have failed as a person and is incapable of handling and solving his problems unaided as the culture demands and expects; 4) he must be willing to surrender some autonomy and place himself in the dependent client relationship, relying on the ability of the helper to give the help he needs; 5) he must decide to ask for assistance within the lay-referral system (comprising all those to whom the person may turn for help, nonprofessionals as well as professionals) and the caseworker may lie outside this system; 6) he must make a number of economic decisions, each of which not only has consequences for the way he views his own capabilities, but which influence his path to the helper; 7) he must decide, should he know casework or psychotherapeutic process, whether to risk possible threat to existing relationships by opening them to deep probing, since he may feel they are necessary to his delicate though impaired adjustment.[46]

One problem with the socio-psychological approach is that it has generated a multiplicity of non-comparable methods for measuring knowledge, attitudes, and beliefs. What is more, no one (with the possible exception of the research team involved) is ever assured of the existence of the alleged beliefs and values.[47] There are also problems with the purported relationship between beliefs and attitudes, on one hand, and behavior, on the other. Does behavior cause belief, or does belief cause behavior? McKinlay discusses the methodological difficulty in determining the interaction between beliefs and behavior.

> The hypothesis that behavior is determined by a particular constellation of beliefs can be tested adequately only after it has already been established that the beliefs existed prior to the observed behavior that they were supposed to determine. Unfortunately,

> most of the studies to date have been conducted in situations that have necessitated identifying beliefs and behavior at the same point in time, or behavior first and beliefs second.[48]

While the socio-psychological approach offers hypotheses which are intellectually stimulating and often plausible, we must be wary of efforts to explain the entire universe through mental processes, particularly when the research hypotheses are so difficult to verify empirically. Socio-psychological characteristics do not exist in a political, economic, or social vacuum, and hence must be considered only as one component part of utilization behavior.

5. Socio-cultural approach

The socio-cultural approach has been employed chiefly by United States researchers. McKinlay says it originated in response to a "social class bias" on the part of earlier researchers who implicitly attributed positive judgments to all middle-class values. In the view of these researchers, behavior exhibited by the middle classes was normal and desirable, and all other behavior was measured against that standard. The socio-cultural approach, in contrast, attempts to relate behavior to various criteria which may differ according to culture or ethnic group. This approach was innovative insofar as "an attempt was made to examine medical [and other] behavior within the broad framework of a socio-cultural setting rather than to identify single, specific factors associated with observed behavior (as most researchers, employing any of the four strategies already considered, have tended to do)."[49]

Researchers who operate in the socio-cultural mode have taken us away from the pernicious and static notion that the behavior of certain sub-cultures could be dismissed, ignored, or denigrated by labelling it as deviant, marginal, maladaptive, or pathological.

> ...[the socio-cultural] approach appears meaningfully to link the emergence of subcultural formulation to social structure and shows them to be realistic adjustments to particular social positions and associated life chances...If certain individuals or groups cling to particular forms of behavior or beliefs, it is not only because they are familiar and traditional, but also because they are linked to other important elements of their subculture.[50]

The socio-cultural approach has been instrumental in demonstrating the importance of family structure and inter-family dynamics as determinants of help-seeking behavior. In addition, the concept of social networks as a determinant of utilization has recently received a great deal of attention. These developments have contributed to an ever-increasing body of literature which shows the behavior of groups to be consistent with and complementary to their general life circumstances.

6. Organizational approach

The "organization" or "delivery system" approach grew out of the developing body of published literature regarding organization theory. The organizational approach is based on the premise that the characteristics of a social service agency can affect utilization behavior at least as much as the personal and cultural characteristics. For example, a great deal of supporting evidence proves that poor clients face a number of service barriers which are imposed -- intentionally or not -- by the service provider.

Within the organizational approach, there have been distinct, although not necessarily exclusive, strategies employed by researchers. First, there is research which "attempts to account for differential utilization behavior by studying variations in orientations and behavior, in terms of differences in the social class levels of those who provide services and those receiving the benefits of services."[51] The second approach is related to the first, but focuses more on how the values and regulations of the bureaucratic organization are inculcated in its employees, resulting in a limitation of service offered to certain clients. The third approach has focused on the characteristics of sub-groups and how those characteristics inhibit the "ideology and functioning" of the service agency. This approach is related to the previous two insofar as the middle-class values and organizational structure of the service provider may not be designed to meet the needs of certain sub-categories of the service population.

McKinlay points out that there are particular features of the client-agency relationship in the social welfare field which are not characteristic of the client-agency relations found in other public organizations.

> First, because the client usually does not buy the service, the agency personnel (unless they have internalized the clients' interest) may be less intent on satisfying the client and meeting his needs. Clients in most health and welfare settings do not possess the monetary means, and often lack the knowledge, effectively to sanction personnel. A second difference...lies in the status of the client. In many instances, perhaps the majority, clients in health and, particularly, in welfare agencies are often not regarded as full participants in the society; they frequently come to the agency as supplicants, without full rights or means. Finally,

> client-official interaction in health and welfare agencies is often thought to be characterized by break-downs in communications stemming from the differences in psychological perception and in class and educational background. This breakdown may not be typically present in other than health and welfare agencies.[52]

Research utilizing the organizational approach has appeared relatively recently, and it is expected that much greater emphasis will be given to this approach in the future.

SUMMARY

After having broken apart, analyzed, and compartmentalized the various approaches to the study of service use, it can seem as if there is little consensus among researchers. The major division, as outlined by McKinlay, seems to exist between those who look to the individual service user as the source of the problem, and those who blame the service delivery system for client-agency incompatibility. In large degree, it is true that the rifts are wide and not easily bridged. But there are those who continue to regard the service utilization problem as a coherent and interconnected whole. For example, one theorist laments division within the social work profession, noting that the arguments regarding "social" versus "psychological" approaches are unlikely to lead to fruitful resolution. Recent years, he says, have seen an inversion of emphasis which is manifested in the research and practice of social work.

> In effect, what began as a necessary and overdue attack on the idea that if the PEOPLE are changed the system will take care of itself, has turned into its opposite: if the SYSTEM is changed, the people will take care of themselves. The reaction against purely psychological explanations has been so fierce that it

> has produced purely sociological ones, spawning analyses that romanticize "action" as the previous ideas romanticized "insight" and glorify structural solutions as we previously glorified individual ones.[53]

Capricious shifting from one extreme to another should be regarded as counterproductive, the author says, for in reality no such dichotomization can exist.

> There can be no "choice" -- or even a division of labor -- between serving individual needs and dealing with social problems, if we understand that a private trouble is simply a specific example of a public issue, and that a public issue is made up of many private troubles...the fact remains that the basic relationship between an institution and its people is symbiotic; each needs the other for his own survival. Each individual needs to negotiate the systems with which he must come to terms -- school welfare, occupation, neighborhood, and others. Each agency, on its part, needs to justify its existence by serving the people for whom it was designed...[54]

This review has demonstrated that there has been no dearth of theorizing or model building relative to service use and service delivery. It is indicative of the complex and interdisciplinary nature of the topic, however, that no single, cogent analytical framework has been adopted by researchers. Despite, or perhaps because of, the divergence of opinion among researchers, the literature review has enabled us to critically formulate, evaluate, and compare our own theoretical suppositions and hypotheses.

The following section of this report continues to describe the findings of the first stage of research. Step two, which entailed contacting other researchers, will be discussed next.

B. Communication with Hispanic social scientists in NYC

Researchers who dealt with related issues, particularly the issue of Hispanic women, were contacted for a variety of purposes. First, researchers were informed of the nature and goals of the project. In the interest of community solidarity, the Fund's research was intentionally established as an entity eager to cooperate and exchange information with other researchers and community groups. We were thus (and continue to be) pleased to provide -- as well as to collect -- information whenever possible. Second, we hoped to avoid duplication of research efforts. Third, we solicited information, ideas, and demographic data pertaining to low-income Hispanic women. Fourth, we constantly widened the information network by requesting referrals to other researchers and organizations. The researchers were located mainly through personal contacts and "networking".

Following is a list of the research organizations and individual researchers contacted:

Attinasi, John -- Centro de Estudios Puertorriqueños, CUNY
Cooney, Rosemary Santana -- Hispanic Research Center
Gil, Rosa Maria -- Columbia University School of Social Work
Gould-Stuart, Joanna -- Manpower Development Research Corporation
Human Resources Administration Office of Policy Research
Krinitsky, Natashe -- Puerto Rican Migration Research Consortium
Perez, Josephine -- National Puerto Rican Forum
Santana, Sara -- Columbia University School of Public Health, Health Educator
Universidad Boricua
Zambrana, Ruth -- Mt. Sinai Department of Community Medicine
Zentella, Ana Celia -- Hunter College Department of Puerto Rican Studies

Dr. Gil has done research on the utilization of community mental health services by Hispanic women, and Dr. Cooney has published papers on the labor force participation rates of Puerto Rican women. Dr. Attinasi and Dr. Zentella have conducted sociolinguistic research in Spanish Harlem. Dr. Gould-Stuart wrote her doctoral dissertation on the use of services by Latin American (non-Puerto Rican) immigrants regardless of income. Without exception, the researchers were helpful and cooperative, but none were aware of any research which has examined the use of social services by low-income Hispanic women. The only research which is directly related to that of the Fund is being conducted under the joint auspices of the Fordham-Tremont Community Mental Health Center and the Hispanic Research Center, and it is just now getting underway. That project, of which ethnographic research is but one aspect, will be explained in further detail under the description of service providers for STAGE II.

C. Review of relevant social service providers

Step three involved identifying a number of social services and attempting to ascertain the extent to which they serve the Hispanic female head-of-household. Certain categories of social services were eliminated from consideration: health and mental health facilities, the public income maintenance system, housing and legal services, and senior citizens centers. Other service categories were specifically targeted: vocational training and job incentive programs, adult education and English-language classes, public day care programs, and psychological support services. The rationale for targeting this particular constellation

of services was based on a distinction between "maintenance" services and "upward mobility" services. Maintenance services address subsistence issues, e.g., adequate food, clothing, shelter, child care, etc. Upward mobility services are generally sought out when subsistence matters have been satisfactorily resolved. Usually, such services involve self-improvement and may contribute to an increased standard of living. Specifically, in the case of the low-income, Hispanic female head-of-household, such services often enhance employment skills and increase the potential for higher wage-earning power.

We chose to focus on the process through which the Hispanic woman would successfully manage subsistence issues and ultimately seek out and enroll in a self-improvement program. Of course, we do not assume that all low-income women aspire to this end, nor are all who aspire able to achieve it. We do presume that low-income women are eager to provide the best for their families and that, if conditions are favorable, they will take advantage of available opportunities to improve their standard of living. Therefore, we chose to approach the organizations where these women might be enrolled to find out what barriers were faced in reaching the agency.*

The methodological strategy at the outset involved comparing the numbers of low-income Hispanic women enrolled in the aforementioned programs with the numbers of low-income Hispanic women in the total

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* For a critical discussion of one such program, the federally-mandated Work Incentive Program, see Appendix A.

New York City population. We expected to find substantial disparities in the figures, disparities which would show the average service user to be non-Hispanic and non-female head-of-household. We expected that low-income Hispanic female heads-of-household would be under-represented in the client rolls of agencies in proportion to their numbers in the population at large. We would then ask agency administrators about their opinions and interpretations of the data. It seemed that the most efficient and expeditious way to collect the desired data would be to contact administrators of large public agencies and request population breakdowns of agency users. What follows is an account of the agencies we contacted (in no special order) and the results of our endeavors.

1. Large Public Agencies

The Division of Community Statistical Services of the Community Council of Greater New York was not aware of any available figures pertaining to the use of social services by Hispanics.

The Human Resources Administration (HRA) offices of Policy Research, Freedom of Information, Bureau of Management Services, Equal Opportunities, and Public Affairs were all unable to help. The HRA Agency for Child Development, which administers all the publicly-funded day care programs in the city, does not collect information on the ethnicity of children or parents who use day care facilities. The only way to ascertain the number of Hispanics using day care services, they say, would be to contact each individual day care center in the city and ask how many Spanish-surnamed children were enrolled in the program. Obviously, that approach was not suited to our research design. At one point, an HRA employee

told the researcher, the Agency for Child Development (ACD) conducted a mini-survey of language preferences of their clients in order to determine how many bilingual workers should be among their front-line staff. The study was described to the researcher on the telephone as being of questionable validity because of the methods used to collect the data. For one week during August, 1979, all incoming clients were questioned about the language they would prefer to use in dealing with ACD staff; 32% preferred to speak Spanish. The ACD administrators with whom the researcher spoke in December promised to send a copy of the study, but to date it has not been received. In the meantime, the researcher was referred to a similar study done by the Community Service Society (CSS).

The CSS Programs Office conducted a telephone survey of people who had terminated using day care services, in an effort to determine why people terminated and what alternate arrangements (if any) were made. An effort was made to see if termination of day care was related to ethnicity. The results, as stated in a draft of the report, were inconclusive. When contacted by telephone, the CSS researcher in charge of the study said, "We just don't know whether [Hispanics] are terminating at a faster rate." It is clear, she said, that Hispanics comprise a larger proportion of day care clients than ever before: in 1975 approximately 5-10% of day care users were Hispanic, and 30% were white; in 1980 approximately 25% of day care users were Hispanic, and 5-6% were white. It is not apparent why this drastic change has occurred.

Certain of the ACD policies, as described to the researcher by staff

at ACD and CSS, seemed as though they would inevitably deter non-English speaking clients. For example, the CSS study showed that the main reason for termination of day care was confusion over the recertification process and a lack of knowledge on the part of clients about whether they were indeed eligible. The recertification process is structured as follows: every six months a letter is sent to the parent of each child enrolled in day care. The letter states that the child is due for recertification and that the parent must appear for an appointment at a specified time. If the parent fails to show up for the appointment, another letter is sent to inform her that her child is no longer eligible for day care. All ACD forms, including recertification-related letters, are printed only in English.

But this discussion is tangential to our central theme -- that there are few reliable statistics on the numbers of Hispanics using public services, including day care. No figures known to the researcher reflect the numbers of Hispanic female heads-of-household who have children in day care. The Foundation for Child Development was able to supply only the figures published in the 1980 State of the Child report. While those statistics are extensive, they provide little information about the use of social services by the Hispanic population.

We were victims of a "pass the buck" approach to information gathering. The Day Care Council of New York suggested we contact the HRA Office of Equal Opportunities which suggested we contact ACD. The U.S. Commission on Civil Rights referred us to the usual Hispanic organizations (National Puerto Rican Forum, Puerto Rican Migration Consortium, Hispanic Women's

Center) when they didn't have the figures we were looking for. But the Hispanic organizations always referred us back to the city bureaucracy.

The New York City Board of Education Office of Planning and Program Development offered to consult their computer files to ascertain the numbers of Hispanic women participating in Board of Education sponsored program. Some data were shared with us. According to their figures, 51.7% of those enrolled in Adult Basic Education/High School Equivalency Programs in 1979-80 were Hispanic females. In fiscal year 1979-80, 24.2% of those enrolled in secondary education occupational programs were Hispanic women. With regard to the former program, the statistics are somewhat problematic because the ten-week course operates on an "open entry, open exit" system, meaning that a student can matriculate or terminate at will. This revolving door policy makes it difficult to accurately count the number of students enrolled at any one moment. Since the latter figures pertain to high school students, they include few Hispanic female heads-of-household.

To sum up this discussion, we found that the quantitative data available from the large public agencies are limited and of limited utility. In most cases, the administrators who provided data were reluctant to stand up for the validity of their own figures. They claimed that the research instruments used to calculate the data were flawed, and that there is no foolproof method of estimating the numbers of Hispanic female service users. Furthermore, the administrators with whom we spoke were typically not familiar with the situation of low-income Hispanic women,

in part because the bureaucratic structure shields them from interaction with clients.

For all of the above reasons, we decided to adjust the research methodology. Instead of trying to obtain non-existent and/or unreliable statistics from large public agencies, we would approach a number of smaller agencies which serve a large Hispanic population. It was hoped that administrators of such organizations would have greater knowledge of and experience with low-income Hispanic women, and that they would help to point out the access barriers which affect this target population. Ultimately, a small number of agencies would be asked to cooperate in STAGE II of the research by allowing us to interview their clients.

2. Community based and Hispanic organizations

Community-based agencies were located through the Directory of Puerto Rican and Community Service Organizations Throughout the United States, personal contacts, and referrals. The following list names the organizations which were contacted by letter (those which responded to the letter are so indicated with an asterisk).

Action for Progress
Aguadilla Day Care Center
Association for Community Services
Association of Puerto Rican Social Service Workers, Inc.
Brooklyn Hispanic Day Care Facilities
*Commonwealth of Puerto Rico
Council of Puerto Rican and Hispanic Organizations
East Harlem Council for Human Services
Fajardo Social Services
Grand Council of Hispanic Societies in Public Service, Inc.
Hispanic Alliance for Progress
Hispanos Unidos de Park Slope
Hunts Point Multi Service Center, Inc.
Latino

National Association for Puerto Rican Civil Rights
National Conference of Puerto Rican Women, Inc.
National Puerto Rican Development & Training Institute, Inc.
National Puerto Rican Forum
PRACA Child Care Agency
Puerto Rican Center for Research & Information
Puerto Rican Family Institute, Inc.
Puerto Rican Ind. Council Pro-Equality
Puerto Rican Guidance Day Care
Puerto Rican Migration Research Consortium, Inc.
Puerto Ricans in Mental Health, Education, and the Social Sciences
*Single Parent Family Project
Union de Mujeres Americanas

Follow-up telephone calls were made to a number of the above-listed organizations, and information was requested concerning their objectives and activities. Based on information regarding the agency's function and reported client pool, the following agencies were selected for personal interviews.

CSS Direction Service
Cornell University School of Labor and Industrial Relations
Fordham-Tremont Community Mental Health Center
Hispanic Labor Committee Job Development Program
Hispanic Women's Center
Institute for Puerto Rican/Hispanic Elderly
Lower East Side Family Union
National Puerto Rican Forum Displaced Homemakers Program
New York Council on Adoptable Children (telephone interview only)
Solaridad Humana
Work Incentive Program

D. Selection of service providers for STAGE II.

During the interviews with agency administrators, information was collected regarding a variety of topics. First and foremost, we asked about the objectives of each agency and second, about their eligibility requirements -- that is, the basis on which clients are screened and selected. The nature of some agencies causes their clientele to be drawn

from the middle class, whereas other agencies draw their clientele more from the lower class. On the basis of their objectives and eligibility requirements, certain organizations could be eliminated from further consideration during the upcoming STAGE II of our research. If, for example, an agency requires its clients to speak English or have a high school education, then the agency would not be considered for further scrutiny because our demographic profile indicates that the average Hispanic female head-of-household is not bilingual or well-educated. Hence, such an agency would not be catering to our target population. We were most interested in agencies which provided services to disadvantaged populations in Hispanic neighborhoods, where their clients included a number of low-income Hispanic female heads-of-household. Priority was also given to organizations which provided job training and placement services. On the basis of these criteria and our preferred time frame, six agencies were selected for further investigation during STAGE II. A brief description of each agency follows:

1) The Hispanic Labor Committee Job Development Program provides job training (classroom clerical skills and on the job training) and direct job placement to CETA-eligible individuals. The clients are primarily Hispanic men and women, and include a large percentage of female heads-of-household. Last year, approximately 1,000 people were interviewed, and nearly 300 were placed.

2) The Work Incentive Program is a federally-mandated joint program between the Department of Social Services and Job Services (formerly New York State Employment). All welfare recipients are required to register with WIN for job training and placement services. In New York City, a total of 80,000 are enrolled in WIN, 25,000 of whom are Hispanic and 75% of whom are women.

3) The National Puerto Rican Forum's Displaced Homemakers Program in the Bronx is a job training and placement program for Hispanic heads-of-household between the ages of 35-62. Funding is provided through the Department of Employment with CETA monies, although certain of the CETA requirements (e.g., 8th grade minimum education, pre-skills components) have been waived for the purposes of the program. This year, money was allocated to train 150 women.

4) Solaridad Humana provides all levels of educational and job training -- from Spanish literacy to data processing to Bachelors degrees -- to 1,000 Hispanic students from all five boroughs of New York. Funding is provided through the Board of Education and CETA, and all courses are offered free of charge. The students include a number of Hispanic female household heads.

The fifth and sixth organizations do not provide upward-mobility services in the same manner as those listed above. They are multiservice agencies which coordinate access to services for people who are unable to manipulate the social service maze without assistance. In this sense, they provide access, or brokerage, as a separate service. According to their administrators, their clients generally have little education, rely heavily on public entitlements, and many do not speak English. Most clients of these agencies do not have telephones, and live within walking distance of the service facility. They rely, in large part, on the brokerage agency to make the service delivery system less fragmented and more manageable. We decided to include them in our survey because they serve multi-problem individuals and families. We expect that the access barriers and impediments to service faced by female clients will be more severe than those faced by recipients of job training services. The brokerage agencies to be used in STAGE II are :

5) CSS Direction Service is mandated by the Bureau on Education of the Handicapped to secure educational placement for

handicapped children in School District #3 in Manhattan, but in fact they provide a myriad of access services for their clients, i.e., making sure that urgent subsistence needs are satisfied. They served 125 children from 84 families in the last fiscal quarter; 68 of the families were headed by a single parent; 92 were Hispanic, and 73 were receiving public entitlements.

6) The Lower East Side Family Union provides community-based coordination of services in the interest of maintaining family stability and preventing foster care placement. Using a "service needs contract" system, LESFU involves the requisite service providers and the service recipient in a coordinated effort to meet a family's service needs. LESFU serves about 400 families annually with a total of approximately 1,000 children. The agency is funded by various public and private sources.

We will also be working with the Fordham-Tremont Community Health Center, which recently received a three-year grant from the Department of Health and Human Services. They are funded to conduct a demonstration project to increase Hispanic access to social services. Their service strategy involves setting up an integrated network of representatives from agencies in a specifically bounded area of the South and Central Bronx. Direct service provision will be carried out through an extensive and well-organized referral system and follow-up to assure that Hispanics who request services are granted the greatest possible ease of access. In addition, the project will entail a door-to-door survey involving 300-400 interviews. Data will be gathered with the intention of ascertaining how Hispanics learn about, select, and utilize social services. Comparisons will be made on the basis of national origin (e.g., Puerto Rican, Cuban, Dominican, etc.), age, gender, length of New York City residence, etc. While the Fund's STAGE II research will not draw on clients form the Fordham-Tremont Center, the respective researchers have initiated and will sustain

a cooperative dialogue and exchange of information.

As we interviewed agency administrators, the research strategy for STAGE II was being formulated. We had to choose from a number of options, which included: 1) interviews with agencies to find out more about the numbers of Hispanic women using particular services; 2) a neighborhood study to examine how Hispanic women use services in a given community; 3) intensive study of Hispanic women who utilize one specific agency; and 4) a large-scale survey among residents of a Hispanic neighborhood to learn about service use. Our aim was to find the quickest, most accurate way to learn about the barriers which impede access to services. As we had already learned, agency-provided figures are less than reliable. A neighborhood study or large-scale survey would be time-consuming, and a study of one agency would be too needlessly circumscribed. We chose, therefore, to deal with a manageable number of agencies located in different areas of the city. They provide differing services, and are varied in size. The comparable constant among them in the population they serve, for all provide services to low-income Hispanic women.

The most practical source for learning about access barriers would seem to be from the service recipients themselves. We envisioned a series of interviews with Hispanic women to learn about their experiences with the service delivery network. In addition, we would use the service agency to help locate women who had stopped using the agency, in order to learn what causes a truncated contact with a service provider. The detailed research strategy is outlined in detail in the STAGE II research proposal already submitted and will not be reiterated here.

E. Impediments to service use

1. Organizational impediments

a. Overview

Now that the basic boundaries of service use research have been identified and defined, let us look in more detail at a few of the organizational factors which may limit use of social services. The following section, then, will be primarily concerned with theories of macro- and micro-level influences which keep the poor out of the service delivery network.

In general, the problems of service delivery fall into one or more of four categories: inaccessibility, fragmentation, discontinuity, and unaccountability.[55] Inaccessibility and fragmentation are the problems probably most pertinent to our discussion, since we are concerned with the client's perceptions of and barriers to service use. Problems of discontinuity occur after a client has initiated contact with a service provider, and accountability refers to the larger relationship between the agency and the public.

Inaccessibility refers to the barriers which inhibit an individual's entrance into the service delivery system. As defined by Kamerman and Kahn:

> Access services include all arrangements which inform people about the availability of rights, benefits, or services; clarify eligibility...; help them establish eligibility; get them physically to appropriate offices and facilities; help assure responsiveness on the part of benefit providers or service providers to the needs of the client.[56]

It used to be thought that the service agency could not affect accessibility -- that it was enough for the service to exist and that it was the

responsibility of the client to find out about the service and to get himself there. It is now recognized that administrative sensitivity to client needs can greatly increase accessibility. If the following figures are any indication, however, client needs are far from being met:

> A current report released by the National Conference on Social Welfare...presented findings that indicate our poor understanding of social service accessibility: a) 60% of the initial applicants for governmental social services were turned away from agencies; b) only 17% of the remaining 40% of the people seen by agencies were actually served; and c) only one of five people referred from one service agency to another reached the agency.[57]

Fragmentation of services is another way that the poor are discouraged from participating in the service delivery network. The opposite of fragmentation, of course, is integration:

> Integration arrangements...include all provision for arranging the effective meshing of the services offered by different units, bureaus, departments, agencies, programs, service systems with regard to the needs of consumers.[58]

Many developed nations have sophisticated systems of service integration. In contrast, the United States is infamous for its fragmentation of social services. For many years, social welfare planners have debated the utility and viability of an integrated network of services, but on a national level there is no agreement as to "what constitutes a 'services integration' project let alone what constitutes a successful one."[59] Some critics have argued that the integration of services would be an unnecessary bureaucratic maneuver, and would in fact accomplish little. Kamerman and Kahn assert that integration does, in fact, improve services:

> Major conclusions, indicate that there is little support for a unified, integrated service system from service providers or categorical interest groups, or from consumer groups, but that such an approach appears to improve access and service delivery.[60]

There are other organizational theories as to why social service delivery does not reach the poor client. Just a few of those theories are summarized below.

The effect of politics on the provision of social services was mentioned earlier in this report. In an article entitled "A Power-Politics Approach to Social Welfare Organizations", Gummer argues that service delivery suffers because the goals and delivery strategies of social service agencies are vague and are designed to respond swiftly to policy changes which affect the distribution of monetary resources.[61] Because social service agencies are chronically underfunded, the competition for funds causes them to shape their internal policies to meet the stated goals of their funding sources. Those goals are, of course, shaped by the political climate. But there are other, related reasons for poorly articulated goals and policies:

> Social welfare organizations are notorious for having goal statements that are so general and abstract that their usefulness in guiding decision-making within the organization is practically nil. A major reason for this is that these organizations generally pursue objectives over which there is considerable disagreement in the larger society.[62]

Inchoate and nonspecific goals can certainly have a negative effect on the degree of dedication with which the poor are served. Other authors, however, assert that social welfare agencies disengage themselves from the poorest poor in systematic, if subtle, attempts to assure the agencies' continued success.

The seminal article in this vein was written by Cloward and Epstein in 1965. During the 1950's and early 1960's, they note, an increasing number of private social welfare agencies began to refer their poorest potential clients to the public sector. The reason for this was not that the public agencies were any better equipped than the private agencies to handle poor, multiple problem clients. In fact, it was found that the private agencies generally granted more interviews to multi-problem clients, but granted fewer interviews to poor clients. The public agencies said the poor were not accepted onto cleint rolls because they were "hard to reach". Quite the contrary, say Cloward and Epstein:

> The decision to offer continued treatment probably depends upon a judgment by the agency that the client is accessible, amenable, or otherwise suited to make use of a highly structured casework relationship. This decision appears to be greatly influenced by the class of the client...[63]

In a more recent study of a voluntary job placement agency, Latimore corroborates these findings. He shows that job counselors "weeded out" younger, less educated applicants with less job experience.

> Weeding out was accomplished by discouraging unrealistic clients, and by not retrieving clients who were insufficiently motivated to keep in touch with the counselor. This marked a change in the counselors' practice compared with an earlier period, and appeared to be in conflict with the agency's mission, the counselors' altruistic orientation, and the expressed intent of the government-funded programs. The change in practice was associated with increased dependence of the agency and its counselors, and with the increasing demands for bureaucratic accountability from funding organizations.[64]

In general, private agencies have been found to serve fewer minorities and low-income people than public agencies. "Only 30% of public agencies report that less than 40% of their clientele are members of minority

groups in contrast to 59% of nonprofit agencies..."[65] Public agencies are more restricted in their ability to weed out less desireable clients, because governmental eligibility requirements prohibit such "creaming", and the regulations are strictly enforced.

The differences between public and private agencies, as outlined above, have significant ramifications for the allocation of public funds. The "contracting out" of public monies to private agencies is a common and highly debated practice which cannot be addressed in detail here. Let us simply point out that private agencies which discourage or exclude any portion of the prospective client population are violating the public interest.

The eligibility requirements put into effect under the Title XX legislation make it difficult to sanction private agencies for their transgressions, because the public sector too is gradually moving away from serving the poor. "Since 1962", Gilbert says, "there has been a consistent loosening of social eligibility standards and a concomitant broadening in the base of social service clientele."[66] Under Title XX, there are three categories of eligibility: 1) income eligible, 2) income maintenance, and 3) universal, or without regard to income. A series of quotations from a 1980 publication will illustrate how Title XX has institutionalized the trend away from serving poor people:

> To the extent that Title XX addressed the issues of a redistribution of power and resources, the primary focus was on a redistribution favoring non-poor groups who, by virtue of eligibility rules, were made eligible for services previously reserved for the poor.
>
> ...as long as the current lid on service spending prevails, the supply of services will fall far short of the escalating demand generated by expanded eligibility,

> thus heightening the competition between client groups for services. Prior experience suggests that the poor are less equipped to compete than the middle class.
>
> To the extent that day care services are limited to working mothers, it is a service for the less poor. Within fixed dollars, the more Title XX funds that are utilized for day care, the less resources will be available for other services that could be responsive to the needs of the unemployed poor.[67]

To sum up the discussion thus far, social service providers are indeed responsible for limiting the access of certain groups to human services. This is done in a number of ways: 1) through inaccessibility to and fragmentation of services, 2) through abstract and undefined goals that cannot effectively guide policy, 3) through general disengagement from the poor, and 4) by contracting of public funds to private agencies which practice covert discrimination against certain groups. The service providers themselves are constrained by political trends and developments which limit funding sources and restrict the manner in which funds may be allocated, as in the enactment of legislation which broadens the base of eligible service recipients when fewer and fewer resources are available to meet their needs.

A few case studies will illustrate the access problems faced by selected groups of New York City poor.

b. Case studies

The Citizen's Committee for Children of New York published a report in 1978 which included a survey of social and health agencies in New York City. Their goal was to ascertain the extent to which AFDC children are being served by community services. While the majority of agencies

(27 out of 37) indicated that over half of their clientele were AFDC families and children, it could not be inferred that an adequate number of services for this population were available.

> It should be emphasized...that the actual AFDC utilization of these services and the potential for greater use does not imply that an adequate number or range of services now exists to meet family needs. Indeed, directors and social workers frequently commented on the shortages of services and the vast needs of families both in their communities and city-wide.[68] (emphasis added)

Regardless of their stated functions, agencies reported that they often had to intervene with the welfare offices on behalf of their clients:

> ...nearly all agencies reported that they contacted Income Maintenance on behalf of their clients. This contact included requests for information on regulations and client advocacy regarding eligibility, emergency assistance, interview appointments, housing, or employment.[69]

Approximately one-third of the agencies surveyed had complaints about the poor quality of assessing social service needs at Income Maintenance Centers. Often, they reported welfare clients requested social services in addition to I.M., but were never referred to any other agencies. Furthermore, "ten agencies specifically commented on the separation of services."[70] In short, the New York City social service delivery system was less than satisfactory in providing continual coordinated services for AFDC clients.

In 1973 a door-to-door survey of Puerto Rican families on the Lower East Side of Manhattan, it was found that delivery of services was greatly hampered by language barriers. Survey results showed that "in all agency contacts, respondents were able to use Spanish 34% of the time although they would have preferred to do so in 83% of the contacts."[71] With regard

to contacting the large public agencies, 85-97% of informants preferred to speak Spanish, but were only able to do so a small percentage of the time: from 2% of the time in courts to a high of 24% of the time in schools.[72] Twenty percent of respondents reported that finding work was particularly difficult because they couldn't speak English. As far as knowledge of services and accessibility are concerned, nearly half of the households questioned were unaware of the existence of day care services. Fully two-thirds of the sample said they would not know where to find out about the availability of day care services.

This study is the only one of its kind, to my knowledge, which has dealt with service use by low-income Puerto Ricans in New York City. It was crucial in documenting the extent of the language problem, but the specifics of accessibility were unfortunately beyond the scope of the study. It was evident by the responses, however, that many agencies are fragmented and inaccessible, and that there is a need for information and educational literature in Spanish about the availability of various services.

2. Cultural impediments

This concludes our discussion of the organizational factors which impede service use. We have discussed some of the theoretical constructs and illustrated the theory with empirical findings. The next section of the literature survey will discuss some of the cultural factors which may affect utilization of services. Our prelude should include one caveat: the vast majority of literature regarding cultural barriers to service use among U.S. Hispanics has been conducted among Mexican-American populations

in the Southwestern United States. While there are cultural and economic similarities between Mexican-Americans and Puerto Ricans, there are also great differences (e.g., in occupational strata, educational attainment, mainland choice-of-residence, legal status, language dialect, etc.). We cannot assume that the patterns of service use will be identical among the two groups. The theories which follow, therefore, are in large part untested among Hispanic populations in the Northeast. They are included here as an illustration of the kinds of research currently being conducted in other parts of the country; research which might be fruitful if undertaken in New York.

A great volume of literature has documented extensive Hispanic kin networks (viz., Clark 1959; Cohen 1979; Valle 1973; Henricks 1974). Some authors have begun to examine the effects of family structure on help-seeking behavior. Many of them assert that supportive family networks obviate great reliance on public services. Others argue the opposite: that kin encourage and facilitate interactions with services by providing child care, transportation, translation, and relevant information about the service in question.

One study of prenatal care hypothesized that family ties ("familism") among Mexican-Americans would reduce the "objective alienation" caused by being poor. A reduction in the degree of alienation would, in turn, allow the population to seek medical care more readily than indigent peoples without extended families. The results of the study were not conclusive:

> It was seen that both familism and occupational stability were positively related to seeking prenatal care early in pregnancy, but that they were negatively related to consulting with a physician when ill.[73]

The authors say that more research is needed in order to support or negate the hypothesis.

In a discussion of how Chicanos deal with barriers to service use, another author acknowledges the particular access problems faced by this population in California:

> Chicano patients in particular have been identified as being especially affected by societal barriers, because problems of low socioeconomic status are compounded for them by cultural and language differences.[74]

One way of coping with some of those barriers, on the level of the individual, is to look to others for significant information on how to negotiate the service delivery system. These others may be family members, neighbors, co-workers, friends, or employees of the service agency. They can be approached for "guidance, interpretation, and explanation" about a variety of service-related questions and procedures. The functions of the "coach" or "arbitrator" include how to establish credentials that will convince the institution that treating the client is appropriate under the given circumstances, because:

> different institutions tend to be oriented toward different social groupings of clients, and potential patients [in the case of medical care] often have to prove membership in a particular group before entree is granted.[75]

A coach or arbitrator might, if necessary, accompany the client to the service agency and act as a direct and knowledgeable advocate on the client's behalf. At the conclusion of the article, the author reminds us:

> that patients [and social service recipients] who do resort to coaches and arbitrators appear to do so in response to formidable barriers to access raised by larger social dynamics. Further research must be done on these barriers and their generation so that the individual micro-processes may be placed in proper perspective.[76]

Many of the other proposed cultural barriers have already been discussed in earlier sections of this essay. Rather than reiterate them here, we will go on to list a number of access barriers proposed by different authors. In constructing this list, an attempt has been made to order the proposed barriers, beginning with individual impediments and proceeding through the interaction between client and professional to the institutional and, finally, macro-societal barriers. In this way, we will see a gradual accumulation of access barriers with which our target population must contend. It should be remembered that the list does not illustrate a cause-and-effect dynamic -- it could just as easily have been inverted to start with the macro-social impediments. It is intended merely as a visual interpretation of the theories presented thus far, to show that there is great variety in determining the point at which an access barrier halts the help-seeking process.

3. Access barriers: How and Why Certain groups of people underutilize health and social services*

SUBSISTENCE ISSUES

Housing, income maintenance, legal and educational exigencies, food, child care, etc.

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* This list was culled from publications, conversations, and in-house information provided by service agencies. It includes institutional and cultural barriers, and assumes that the need for services by the client exists. The list is ordered, in general, from barriers that exist on the level of the individual to barriers imposed by the socio-economic and political context of society.

DEMOGRAPHIC VARIABLES
Age, gender, education, religion, residence, ethnicity, socioeconomic status, etc. (Viz., McKinlay 1972; Gillespie and Marten 1978)

SERIOUSNESS OF PRESENTING PROBLEM
Does the problem warrant intervention? (Viz., McKinlay 1972)

FAMILY NETWORKS
May mitigate the need for professional or extra-family intervention (Viz., McKinlay 1972; McKinlay and McKinlay 1973: Hoppe and Heller)

SATISFACTION WITH PREVIOUS SERVICES RENDERED
(CSS Direction Service -- personal communication)

LAY REFERRAL SYSTEM

LEVEL OF COMMUNITY SUPPORT FOR SEEKING HELP
(CSS Direction Service -- personal communication)

GEOGRAPHIC PROXIMITY
In urban areas, this may be affected by the crime rate and transportation systems (E. Gonzalez -- personal communication; viz., Gillespie and Marten 1978)

CHILD CARE
(Viz., Goodwin 1977; Ballou 1977; Durbin 1975; U.S. Department of Labor 1979)

FINANCIAL COST
(Viz., McKinlay 1972; Berkanovic 1974; Gillespie and Marten 1978)

CLIENT POSSESSION OF TELEPHONE
(CSS Direction Service -- personal communication)

KNOWLEDGE ON THE PART OF THE CLIENT HOW TO USE SERVICES
(CSS Direction Service -- personal communication)

LANGUAGE
(Viz., Valle Consultants 1973; Mendoza Report 1971)

TRAVEL KNOWLEDGE
(CSS Direction Service -- personal communication)

FAMILY NETWORKS
Again, at this point, may mitigate certain of the above-mentioned barriers

AVAILABILITY OF SERVICE SOUGHT BY CLIENT

VULNERABILITY OF CLIENT OR PROFESSIONAL TO EGO ASSAULT
(Viz., Berkanovic 1974)

DIFFERENTIAL ORDERING OF PROBLEMS AND PRIORITIES BETWEEN PROFESSIONALS AND CLIENTS
(Viz., Berkanovic 1974; Gummer 1978)

CLIENT AGREEMENT WITH SERVICE PLAN
(CSS Direction Service and Lower East Side Family Union -- personal communication)

MISFITTING EXPECTATIONS BETWEEN PROFESSIONAL AND CLIENT
(Viz., Berkanovic 1974; Delgado 1979; Gilbert 1972)

AGENCY UNACCOUNTABILITY
(Viz., Kamerman and Kahn 1976; Children's Committee 1978; Gilbert 1977)

INCHOATE GOAL STATEMENTS ON PART OF AGENCY
(Viz., Gummer 1978)

DISENGAGEMENT FROM THE POOR, "WEEDING OUT" OF UNDESIRABLE CLIENTS
(Viz., Cloward and Epstein 1965; Latimore 1979)

UNIVERSALIZATION BY GOVERNMENT AND AGENCIES OF ELIGIBILITY REQUIREMENTS
(Viz., Gibelman 1980)

AGENCY EMPLOYEES WITH DIFFERING VALUE SYSTEMS FROM THOSE OF CLIENTS

FRAGMENTATION OF SERVICES, EXCESSIVE REFERRALS
(Viz., Kamerman and Kahn 1976)

COMPETITION FOR FUNDS
(Viz., Gummer 1978)

STIGMA, SOCIETY'S DISDAIN FOR SERVICE RECIPIENTS

POLITICAL BICKERING

PAUCITY OF FUNDS FOR HUMAN WELFARE NEEDS

CONCLUSION

The initial phase of research, as described in this report, has laid the crucial groundwork for STAGE II. At this point, we would like to reaffirm that all proposed STAGE I activities and objectives were wholly satisfied. What, then, have we learned? Through a comprehensive and multi-disciplinary review of published literature, we have absorbed and analyzed the research and models compiled by our predecessors in service use research. Now we can state with conviction that our specific research topic is without precedent. In addition, our suppositions and hypotheses have been contextualized, and we can pinpoint and describe our research strategy in relation to others. Through knowledge of the literature, we have expanded the statistical profile of our target population. When the 1980 census data become available, then, we will have a basis for comparison. Conflicting theories of poverty have been weighed, and the political issues of welfare payments and job availability have been related to the particularly dire plight of the low-income Hispanic woman. Through the published literature and through discussions with agency officials, we have compiled a list of variables which might inhibit access to social services. The list will be instrumental in developing interviews for use during STAGE II. We have also become acquainted with agencies that serve the Hispanic population. By asking for subjective opinions, we have learned which agencies are highly regarded, and which cater to the more disadvantaged clients. This information has been invaluable in selecting agencies to work with during STAGE II. Finally and most importantly, we have used the knowledge accumulated during STAGE I to develop a deliberate and, we hope, efficacious research strategy for STAGE II.

APPENDIX A: Critical discussion, Work Incentive Program

Various programs have targeted the low-income population for job training and placement, but no program has been as ambitious or controversial as the Work Incentive Program (WIN). A federally-mandated program begun in 1968, WIN was intended to cut welfare costs by providing manpower training and job placement to AFDC recipients.

All AFDC recipients or applicants over the age of 16 are required to register for WIN. People may be granted exemption from the program only if they are: "attending school full-time; ill, incapacitated, or of advanced age; living too far from a WIN project to participate; caring for an ill or incapacitated member of the household; a mother or other relative caring for a child under 6 years of age, or a mother or other female caring for a child when the father or another male relative in the home is registered with WIN."

After an AFDC recipient has registered for the WIN program, a series of screening processes are put into effect. The need for job services is determined through interviews and tests. An applicant may then be directed to training, including language skills, on-the-job training, job procurement classes, or classroom instruction. In other words, there may be a number of arduous stages between registering for WIN and obtaining gainful employment. The triage system serves to eliminate all but the most advantaged clients, and thus the placement rate is quite low.

> ...while there were 1,175,000 ongoing mandatory registrants in November, 1975, there were only 6,900 who left WIN that month for employment.

That is, the placement rate for November, 1975, was .58%. Although the data are dated, other studies also question the effectiveness of the WIN program.

> Evidence that the entire work training program may be fundamentally flawed is strengthened by the fact that 80 percent of those who in 1973 entered WIN failed to obtain jobs and the average wage of those who did was $2.00 per hour.[79]

Even the U.S. Department of Labor WIN Fact Sheet is elusive about the rate of placement. In fiscal year 1979, they tell us, "more than 297,000 WIN registrants were placed in unsubsidized jobs."[80] We are given no indication, however, of the number of registrants. There is, therefore, no way for us to evaluate the success rate of the WIN program based on the information provided on the Fact Sheet.

While the placement rate of the WIN program remains a question, there is no denying that some welfare recipients are being helped to obtain satisfactory employment. Murray Draluck, Director of WIN at the Department of Social Services, says that approximately 600-700 people per week register for WIN in New York City. Of these, 200-250 are eventually placed.[81] The total number of NYC WIN Registrants is approximately 80,000, of which 25,000 are Hispanic. Since 75% of all registrants are reportedly women, we estimate that there are 18,750 Hispanic women in NYC registered for WIN. The figures show that 10,000 people per year in NYC are placed through WIN efforts, but Mr. Draluck was unable to tell me how many Hispanic women are placed. As a result of their employment, approximately 25% of those placed are able to get off welfare.

Although we do not have any hard figures pertaining to Hispanic women, Mr. Draluck suggested that they are difficult to place for a variety of reasons, including limited ability to speak English and lack of previous job experience. Because of intense competition for scarce jobs, Draluck said, people with few marketable skills are often put into a low-priority holding category. Such a person might be summoned for evaluation every six months, whereas a more "employable" individual might be called monthly.

In some cases, people who do not speak English well will be asked by WIN to enroll in English classes. For a time, Mr. Draluck said, the WIN program referred many clients to Board of Education sponsored adult education and ESL classes. The arrangement has proved less than satisfactory because the majority of students did not succeed in mastering basic levels of English. Mr. Draluck said there is a pressing need for short-term, intensive English classes with an emphasis on "vocational conversation". He wondered whether I had any recommendations about where or how to enroll students in six or ten-week courses. With just a rudimentary understanding of English, Draluck said, their employability quotient would be greatly increased.

The NYC WIN program is constrained both by the current economic situation and by the limited skills of many of its registrants. With all due credit to the efficacy of the program, WIN alone has little chance of success in getting the Hispanic female head-of-household off the welfare rolls. WIN cannot create non-existent jobs. Furthermore, WIN activities add to resentment among active job seekers, by channeling more

people into competition for scarce jobs. WIN has also had difficulty in overcoming the educational barriers of its registrants, and so the majority of unskilled and inexperienced welfare recipients tend to remain that way.

NOTES

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